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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/405,191 08/21/2002 *PP*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*-NOAB- 1/15*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/05/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 29	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PP</i> Initials				

## ADDRESS

07278

## TITLE

Neuro-mimetic control systems and methods

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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